### **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: HOLLY'S HOUSE ADULT FAMILY HOME (0009948)

Address: 1902 SPRING RD, STOUGHTON, WI 53589

**License Status: REGULAR** 

Licensed/Certified/Registered 01/27/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096737 End Date: 04/10/2006 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094483 End Date: 04/04/2005 Type: STANDARD Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090725 End Date: 07/17/2003 Type: OTHER Purpose: COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007864 Served 08/07/2003

		Compliance	
Deficiencies Cited	Subject Area	Verified	Corrected
88.04(2)(h)	COMPLY WITH OSHA	04/04/2005	Yes
88.05(2)(a)	DIFFICULTY WALKING	04/04/2005	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	04/04/2005	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	04/04/2005	Yes
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE	04/04/2005	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	04/04/2005	Yes
88.09(1)(d)2	RESIDENT RECORD-GUARDIAN INFORMATION	04/04/2005	Yes
88.09(1)(d)3	RESIDENT RECORD-PHYSICIAN & OTHER	04/04/2005	Yes
88.09(1)(d)4	RESIDENT RECORD-SERVICE COORDINATOR	04/04/2005	Yes
88.09(1)(d)5	RESIDENT RECORD-MEDICAL INSURANCE INFO	04/04/2005	Yes

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Enforcement History** 

Date: 08/06/2003 SOD #10007864 Appealed: No

**Sanctions** 

NO NEW ADMISSIONS OTHER SANCTION

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Complaint History** 

Date Complaint Received: 02/28/2006 Date Investigation Completed: 04/10/2006

Subject Area(s) Result SOD #

NUTRITION & FOOD SERVICES NOT SUBSTANTIATED QUALITY OF LIFE NOT SUBSTANTIATED